

Elkhart Area Site

Bayer Corporation  
1884 Miles Avenue  
P.O. Box 40  
Elkhart, IN 46515-0040

December 16, 2003

Hon. Commissioner of Patents  
& Trademarks  
Box: Patent Application  
Washington, DC 20231

PATENT



RE: Application for U.S. Letters Patent covering the  
Invention of: Andrew J. Dosmann and Frank W. Wogoman

Entitled: MOLDED LOW VOLUME WAVEGUIDED OPTICAL FORMAT

Docket No.: MSE #2652

Sir:

Transmitted herewith for filing is an application for U.S. Letters Patent above identified. This application includes the following:

- ☒ 14 Pages of specification, including claims and abstract
- ☒ 2 Sheets of drawing (in triplicate)
- ☒ An assignment of the invention to Bayer Healthcare LLC (and cover sheet)
- ☐ A certified copy of a \_\_\_\_\_ application
- ☒ Declaration, power of attorney and petition
- ☐ Information disclosure statement

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**CLAIMS AS FILED**

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Independent Claims .....TOTAL (A) 4

## Dependent Claims

Dependent on one claim	<u>16</u>	x	<u>1</u>	=	<u>16</u>
Dependent on two claims	_____	x	<u>2</u>	=	_____
Dependent on three claims	_____	x	<u>3</u>	=	_____
Dependent on four claims	_____	x	<u>4</u>	=	_____
Dependent on five claims	_____	x	<u>5</u>	=	_____
Dependent on _____ claims	_____	x	_____	=	_____
Dependent on _____ claims	_____	x	_____	=	_____
Dependent on _____ claims	_____	x	_____	=	_____

TOTAL (B) 16

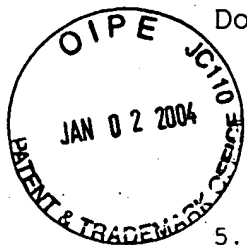
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**FEE CALCULATION**

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Total (A) = 4 - 3 = 1 x \$86.00 = \$ 86.00Total (A) + (B) = 20 - 20 = 0 x \$18.00 = \$ -0-Basic fee = \$ 770.00Fee for filing multiple dependent claims (\$290.00)= \$ -0-Total filing fee = \$ 856.00Assignment recordal fee = \$ 40.00Check enclosed for the total amount calculated = \$ 896.00

The Commissioner is hereby authorized to treat any concurrent or future reply, requiring a petition for an extension of time under 37 CFR 1.136 for its timely submission, as incorporating, a petition for extension of time for the appropriate length of time and to charge all additional fees, including fees under 37 CFR 1.17, which may be required, or credit any overpayment to Account No. 13-3375. A duplicate copy of this sheet is enclosed.



5. Name and address of party to whom correspondence concerning the assignment document(s) should be mailed:

Elizabeth A. Levy, Esq.  
Bayer Healthcare LLC  
P. O. Box 40  
Elkhart, IN 46515-0040 USA

6. Total number of applications and patents involved: One (1)

7. Total Fee (\$40.00 per application or patent) \$40.00

☐ Fee included in filing fee check enclosed with application.

☐ Check enclosed.

☐ Charge to Deposit Account No. 13-3375.

8. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 13-3375. A duplicate copy of this sheet is enclosed.

9. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Total number of pages, including cover letter and attachments: Four (4)

Respectfully submitted,

Elizabeth A. Levy  
Attorney for Applicants  
Reg. No. 34,375  
Telephone: 508/359-3876  
Facsimile: 508/359-3885

Bayer Healthcare LLC  
P. O. Box 40  
Elkhart, IN 46515-0040 USA

Dec 17, 2003

Date

/jr  
JLJ67403

Enclosures


**ATTENTION MAIL ROOM:**

If for any reason this application is found to be incomplete, please advise by collect telephone call to Area Code (574) 264-8394.

Kindly acknowledge receipt of this application by returning the stamped, self-addressed post card enclosed herewith.

Respectfully submitted,

BAYER HEALTHCARE LLC

  
Elizabeth A. Levy  
Attorney for Applicants  
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508/359-3876

/jr  
JLJ67303

Enclosures